

SCHOOL NAME
INDIVIDUAL CAREER TECHNICAL EDUCATION PLAN (ICTEP)

STUDENT NAME _____ **STUDENT NO.** _____

Gender _____ **Ethnicity** _____ **Counselor Name** _____

CTE Course _____ **CTE Instructor** _____

CTE GOAL:	GPA: Grade:	Language: Math:	Reading: Primary Language:
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Results of Interest Assessment - Date:	Test:	Scores/Strengths:
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Preference(s): _____ Aptitude(s): _____

Strengths: _____ Weaknesses: _____

Modification Required: ☐ **CURRICULUM** ☐ **CLASSROOM** ☐ **EQUIPMENT**
(Describe modifications on reverse side) ☐ **OTHER**

ICTEP Designation: ☐ **Disabled** ☐ **Economically** ☐ **Disadvantaged** ☐ **Non-Traditional** ☐ **Single Parent** ☐ **LEP**

Improvement Needed: S = Strengths N = Needs Improvement Leave Blank if Unknown

S <input type="checkbox"/>	N <input type="checkbox"/>	Math	S <input type="checkbox"/>	N <input type="checkbox"/>	Writing Skills
S <input type="checkbox"/>	N <input type="checkbox"/>	Reading	S <input type="checkbox"/>	N <input type="checkbox"/>	Organization Skills
S <input type="checkbox"/>	N <input type="checkbox"/>	Following Written Directions	S <input type="checkbox"/>	N <input type="checkbox"/>	Attitude
S <input type="checkbox"/>	N <input type="checkbox"/>	Following Verbal Directions	S <input type="checkbox"/>	N <input type="checkbox"/>	Attendance
S <input type="checkbox"/>	N <input type="checkbox"/>	Verbal Communication	S <input type="checkbox"/>	N <input type="checkbox"/>	Punctuality

Special Services: check N if needed, P for provided; in blank columns insert date to begin services and initials of person providing services.

	Date to Begin Services	Person to Provide Services	
<input type="checkbox"/> N <input type="checkbox"/> P			Tutoring/Peer Assistance
<input type="checkbox"/> N <input type="checkbox"/> P			Special Equipment/Modification
<input type="checkbox"/> N <input type="checkbox"/> P			Additional Counseling
<input type="checkbox"/> N <input type="checkbox"/> P			Support Services (e.g., Speech Therapist, psychologist, social worker, ESL, nurse, and/or support group)
<input type="checkbox"/> N <input type="checkbox"/> P			Fees/materials supplied
<input type="checkbox"/> N <input type="checkbox"/> P			Preferential Seating
<input type="checkbox"/> N <input type="checkbox"/> P			Teaching Assistant
<input type="checkbox"/> N <input type="checkbox"/> P			Adapt coursework, evaluation methods, materials
<input type="checkbox"/> N <input type="checkbox"/> P			Other:

If any "N" is marked, describe services to be provided on reverse side.

STUDENT SIGNATURE: _____ **DATE:** _____

EVALUATION: 40TH day _____ 100th day _____ 1st Sem Grade _____ 2nd Sem Grade _____

Student met 80% of the course standards? _____ If student dropped course, list date: _____

Student met modified course standards _____ (attach) Comments (use back of sheet)

☐ **Student is successfully completing standards and currently requires no additional services.**

☐ **Recommended to continue** ☐ **YES** ☐ **NO**

CTE Teacher signature: _____ Date: _____

***Chart progress, significant accomplishments, interventions/adaptations, on back.**